

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037523

FILED VS NOV 7 1960 042

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1134

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Platte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 1 week		c. CITY OR TOWN Weston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Meth. Hospt.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 824 Washington		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Erma Ross Gray				4. DATE OF DEATH Month Day Year October 26, 1960			
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/2/1887	
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (City and state or country) Platte County, Mo.	
12. CITIZEN OF WHAT COUNTRY U. S. A		13a. FATHER'S NAME Charles J. Ross		13b. MOTHER'S MAIDEN NAME Nanabel Foley		14. NAME OF HUSBAND OR WIFE Bony Gray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Reta Shenkner Weston, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio-pulmonary insufficiency</i> DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 24-48 hrs. years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral vascular accident with rt. hemiparesis. Diabetes mellitus. Generalized arteriosclerosis.</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10/19/60 to 10/26/60 and last saw her alive on 10/26/60 Death occurred at 3:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Larry P. Potter, M.D.</i>				22b. ADDRESS Phys & Surg. Bldg. St. Joseph, Mo.		22c. DATE SIGNED 11-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10/29/60		23c. NAME OF CEMETERY OR CREMATORY Mt. Bethel Cemetery		23d. LOCATION (City, town, or county) (State) Platte County, Missouri	
24. FUNERAL DIRECTOR Vaughn Funeral Home		ADDRESS Weston, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 2, 1960		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF C.A. Potter, M.D.

DEC 28 1960

MAR 14 1961

MAR 23 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dale L. Martin

Licensed Embalmer No. 5106

P. O. Address Weston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.